

### REMARKS

Claim 1 has been amended to correct a typographical error. Claims 5; 13; and 16 are withdrawn.

Claims 1 to 4; 7 to 12; 14; and 15 remain in the application.

The claims stand rejected under 35 U.S.C. § 103 (a) as being unpatentable over Talish et al. (6,432,070) in view of Peterson et al. (6,126,619). Applicant has argued that Talish does not teach or suggest an ultrasound applicator that is stabilized on a chest during use in a way that leaves the chest alongside the applicator bare. In Talish (Fig. 2), the strap assembly includes components that are affixed to the side portions of the housing. Indeed, these side components extend entirely across and cover the chest of the individual, so that it is not possible to place another device on bare skin alongside the ultrasound applicator. Likewise, Peterson does not teach or suggest an ultrasound applicator that is stabilized on a chest for use while leaving the chest alongside the applicator bare for the placement of another device on bare skin.

The Examiner has responded: “If the device (of Talish et al) were to be placed upon a very large patient, the chest of the patient, on the lateral side portions of the housing, would be substantially uncovered and bare. Furthermore, Talish et al disclose, in column 9, that various modifications can be made to the structural configuration of the placement module.”


Applicant respectfully requests reconsideration. If the device (of Talish et al) were to be placed upon a very large patient (the Examiner’s hypothetical), a fair reading of Talish would be that the placement module 14 would be made bigger to assure that the transducer assembly is properly and comfortably fitted over the pain receptors of the sympathetic nervous system of the larger patient targeted for treatment (see, e.g., Talish col 5, lines 53 to 67). Talish’s device, as disclosed, is sized to fit shoulder-to-shoulder across the entire chest of a patient for this purpose. Talish expressly addresses the need to accommodate patients of different sizes, by disclosing a placement support “which may be custom molded for a particular patient” (col 5, lines 39 to 41). This is not a disclosure of “one-size-fits-all,” as the Examiner’s hypothetical presumes. Applicant believes that Talish does not fairly teach a “one-size-fits-all” device to treat reflective sympathetic dystrophy for individuals of all sizes. Rather, Talish sets forth in the Specification (e.g., col. 5, lines 53 to 67) and demonstrates in detailed drawings, the need to accommodate different anatomies (“custom molded

for a particular patient”), to provide patient comfort (a sponge-like material for “providing comfort to the patient” -- col. 5, lines 38 to 40), and to achieve a preferred placement based upon the anatomy of each individual patient. True, Talish does comprehend “various modifications,” but this does not fairly teach or suggest modifications that would make his device too large or too small to be fitted and placed in the preferred way on a particular patient to work for its intended purpose. There is nothing in Talish that teaches or suggests or contemplates the need to place another device on bare skin alongside his ultrasound applicator, and his recognition of the need to custom mold his device for each particular patient (large or small) coupled with his teaching regarding proper placement and comfort are at odds with the Examiner’s hypothetical.

Applicant therefore respectfully requests the Examiner to withdraw the rejections based upon Talish and Peterson.

Applicant believes that claims 1 to 4; 7 to 12; 14; and 15 are in condition for allowance.

Respectfully Submitted,

By 

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